Initial Application	
Initial ApplicationAmended Application	1

04/14/2023

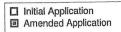


City of Tucson COMMITTEE STATEMENT **OF ORGANIZATION**

COMMITTEE ID NUMBER (office use only)

CITY OF TUCSON RECEVIED 23 APR 17 AM 8:04

MMITTEE TYPE (choose or	ne): OFFICE OF TI
☐ Candidate	CITY CLERK
Committee Name (required): (first or last name & office)	
Candidate Information:	Candidate's Name (required):
	Candidate's mailing address (required):
	Candidate's email address (required):
	Candidate's phone number (required):
	Candidate's website (if any):
Office Sought (choose one):	☐ Mayor ☐ Council Member, Ward ☐
Election Cycle for Office Soug	ght (year the election will take place) (required):
Party Affiliation: (required)	☐ Democrat ☐ Libertarian ☐ Republican ☐ Other:
Political Action Comm	
Committee Name (required): (if sponsored, must include sponsor's name)	Yes on 412 - TUC
Political Function (optional): (select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
Sponsorship Information:	Sponsor's name or nickname (required):
(if applicable)	Sponsor's mailing address (required):
3	Sponsor's email address (required):
	Sponsor's phone number (if any):
	Sponsor's website (if any):
Special Status must be filed (if applicable)	d with Secretary of State Separate Segregated Fund of a Corporation, LLC, Partnership, or Union Standing Committee (must also complete separate standing committee registration) Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
☐ Political Party	
Committee Name (required): (must include party affiliation)	
Jurisdiction:	☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
	County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
	Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)
	☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
Special Status must be filed (if applicable)	d with Secretary of State Standing Committee (must also complete separate standing committee registration)



Date: 04/14/2023



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required):	
oomas mamaa	Committee's email address (required):	
	Committee's phone number (if any):	
	Committee's website (if any):	
Chairperson's Information:	Chairperson's name (required):	
Chaiperson's information.	Chairperson's physical address (required):	
	Chairperson's mailing address (if different):	
	Chairperson's email address (required):	
	Chairperson's phone number (required):	
	Chairperson's employer (required):	
	Chairperson's occupation (required):	
Treasurer's Information:	Treasurer's name (required):	
Treasurer's information.	Treasurer's physical address (required):	
	Treasurer's mailing address (if different):	
	Treasurer's email address (required):	
	Treasurer's phone number (required):	
	Treasurer's employer (required):	
	Treasurer's occupation (required):	
De les Firencial Institutions	Bank name (required):	
(do not list acct numbers)	Additional bank name (if applicable):	
(do not list door names to)	Additional bank name (if applicable):	. ,
chairperson or treasurer of the	perjury that the foregoing information is true and correct. I further declare that I: (1) consent to ser he committee named herein, if applicable; (2) designate the above-named committee as my official cand o receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of Secretar	State's A.R.S.
address(es) provided herein.		Cilian
Chairperson's signature	Am 7. Iner Date: 4.14. 2023	
Treasurer's signature:	Date:	